NHS
Forth Valley

HEART FAILURE BUNDLE

FOR PATIENTS ADMITTED WITH HEART FAILURE (HF)
(Symptoms of HF and Left Ventricular Systolic Dysfunction (LVSD) confirmed by Echocardiography)

Date:	
Ward:	

Date of admission:	
Date of discharge:	

Patient label

Is a further echo required?	☐Yes ☐No	☐Echocardiography requested

Action	Response	Signed
☐**Expert Review**		
Diagnosis of heart failure due to LVSD confirmed	Yes☐ No☐	
Aetiology-effort made to determine aetiology	Aetiology is known to be ……………………………	
Review medication for potential interactions, side effects or unnecessary drugs	Yes☐ No☐	
Consideration of DVT prophylaxis	Yes☐ No☐ Not indicated☐ Contraindicated ☐	
Use of intravenous and oral diuretics	Yes☐ No☐ Not indicated☐ Contraindicated ☐	
Consideration of device therapies (ICD, CRT)	Yes☐ No☐ Not indicated at present ☐	
Consideration of advanced heart failure therapies (LVAD, transplant)	Yes☐ No☐ Not indicated at present ☐	
Consideration of palliative care involvement	Yes☐ No☐ Not indicated at present ☐	
Please note that the expert review pertains to this admission only. Consideration of device therapies, advanced heart failure therapies and palliative care requires ongoing review.		
☐**Evidence based drugs prescribed during in-pt stay**		
ACE-inhibitor or Angiotensin Receptor Blocker Yes☐ No☐	If no give reason……………………………………....	
Beta-blocker Yes☐ No☐	If no give reason……………………………………....	
Spironolactone or Eplerenone Yes☐ No☐	If no give reason……………………………………....	
Warfarin if LVSD and Atrial Fibrillation evident Yes☐ No☐	If no give reason……………………………………....	
☐**Referral to HF nurse service** ☎ extension **66980**		